THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.] THURSDAY, MARCH 14, 1872. [VOL. IX.—No. 11.

Original Communications.

THE MEDICAL SCHOOL OF BERLIN COMPARED WITH THAT OF VIENNA.

By D. F. LINCOLN, M.D., Boston.

To the crowds of young Americans who study, or look forward to studying medicine in Germany, the central point of attraction is undoubtedly the "Allgemeines Krankenhaus" of Vienna. Americans do not often deceive themselves when there is a question as to the practical advantages to be gained, and, upon the whole, Vienna must be admitted to deserve the popularity it enjoys. But there is another aspect of the question, of course. It would afford an exceedingly instructive comparison if Vienna were placed upon one side, and upon the other were grouped, by way of contrast, the leading medical schools of Germany—Berlin, Leipzig, Munich, Würzburg, Breslau, Heidelberg and others. What the points of contrast would be, I am unable to do more than hint; since the object of the present letter is mainly a description of the School of Berlin.

It is said, with apparent truth, that the physicians of Vienna differ from those of Berlin in devoting themselves much earlier and much more completely to specialties. Hence the charge sometimes made against them, that their development is less broad and general than it should be. We know that Skoda and Oppolzer did not achieve their greatness at the expense of breadth, for both had charge of general clinics, and both were men of truly sagacious minds, free from the objectionable influence which specialism sometimes exerts upon small men. But let these two men, with Rokitansky, stand for what the Vienna School has been during the last twenty years, and let Virchow, von Graefe and Griesinger stand for Berlin; are we not struck with the fact that the latter trio is composed of *great* men, in a sense in which the expression does not apply to their Viennese colleagues?

At the present time, in Vienna, Stricker is a man of purely special research. Billroth is perhaps the broadest, probably the most "practical" man in the School; he, however, is not an Austrian, but was summoned from a German university. Hebra and his followers, Kuhn, Neumann, Sigmund and Zeissl; Meynert; Arlt and Jaeger; Politzer and Gruber; Widerhofer; Benedikt and Fieber; Wedl, Schrötter, and others that might be named, form a brilliant group of men who are almost entirely devoted to specialties. The anatomists, pathologists, chemists and physiologists of Vienna are of equally deserved fame. But, outside of this remarkable array of talent, we find but one or two names of eminence in general medicine; a fact which strikingly coincides with the extraordinary poverty of opportunity for general clinical study, of which the students make earnest and just complaint. Inferences apart, Vienna is the school for specialties.

As a general rule, the value of teaching depends on the character of the teacher much more than on the amount of material at his disposal. There is enough material in Vienna, if judiciously used, to serve for thrice the actual number of students. It is used, or it is wasted, as the case may be; and if wasted, it harms the quality of the teaching more than mere poverty possibly could. If a Virchow had at his disposal fifteen autopsies a day, instead of five, no doubt he would know what to do with them; but upon young men the effect of such an overplus of matter is apt to be seen in superficial and careless habits. As a case in point, let me quote the remarks of a correspondent who has studied ophthalmic surgery in Vienna, and who now writes me from Breslau to the effect that the instruction in his specialty is most excellent: "the material is not very abundant, but what comes is most thoroughly worked up, which I consider much better than the mass of half-digested (?) material one gets at Vienna."

There is a good deal of justice in the general impression among us at home, which makes Virchow the representative of the Berlin school. Since the death of Graefe, Virchow stands undoubtedly head and shoulders above his colleagues in that city. Add to this the fact that he possesses an admirable gift of teaching, that he is master of an excellent laboratory, and abundant material, and is served by most efficient assistants, and it will not exceed the truth to say that for the study of pathology Berlin is incomparably superior to Vienna. If it be a prominent object with a student to make himself master of pathology, he should by all means visit Berlin before Vienna.

Virchow's lectures are about two hours and a half long; I have no doubt he could lecture six hours equally well, for he never shows a sign of flagging. On Mondays, he takes scalpel in hand and performs an autopsy before the class, making the body before him the text of his discourse; on Wednesdays and Saturdays he describes the specimens that have accumulated from the previous days. His statements are clear and simple, his voice distinct, his manner easy; he is never in a hurry, and never above the comprehension of his hearers. He enjoys a dry joke amazingly; and as he cracks it, with characteristic deliberation, he is apt to bring down the hammer upon the unlucky fingers of some of his hearers. As a teacher he leaves nothing to be desired; he was born to the office.

On Tuesday, Thursday and Friday a systematic course of microscopic pathology, lasting the whole term, is given by one assistant, under the general oversight of the Professor, and normal histology is taught in the afternoon of four days by the other assistant, the course lasting six weeks. Both of these microscopic courses are admirable, and both are fully appreciated by the British and American students. Good instruments are furnished for those of the class who do not own them.

With three hours' work in the forenoon of every day, and two hours in the afternoon of four days in the week, and collateral reading, a student need not blame himself if he finds his time wholly occupied by Virchow's courses, especially if he attends the systematic theoretical lectures which are given by Virchow on four days in the week.

The *Charité*, at which most of the clinical instruction is given, is a large, massive, not unattractive building of four stories, enclosing several ample courts planted with grass and trees. Internally its arrangements are simple, and hardly up to the modern standard, the fault of which lies in the fact of its being an old building. It is as clean, tidy and cheerful as the "Massachusetts General." The number of beds is in the neighborhood of eighteen hundred. The quadrangle known as the New Charité contains about three hundred beds, half of which are devoted to insane patients, and the remainder are occupied by the syphilitic and by prisoners and convicts sent thither by the authorities for treatment.

The Clinic for Mental Disease deserves especial mention. Griesinger introduced the "non-restraint" system in the wards under his charge, and it was through his efforts that the government was induced to permit the establishment of one of the first public clinics of the kind in Europe. His successor, Westphal, is a man in the prime of life, of quiet and gentlemanly manners, and a master of that tact which is indispensable in the care of the insane. His speech and intellect are quick and vivacious. As a lecturer, he is very systematic, and economizes, as far as possible, the lecture-time. Without placing him among the great thinkers of the day, I must still rank him among the best of lecturers upon medical subjects. To be sure, the lecture can never be dull; for one or two patients are always brought in and examined in the presence of the class. One must see this done in order to understand how entirely consistent are humor and humanity. Younger students do not attend these demonstrations; in fact, a large number of the hearers are physicians, forming an audience such as one seldom sees equalled for intelligence. They are divided into sections of a dozen or so, which make the morning visit twice a week in company with the professor. I could wish that every physician, and every thinking man, might come in contact with the insane element of our population in the free and natural way in which it is here effected. The wards resemble those of an ordinary hospital, and the degree of restraint exercised is no greater than that required in a children's ward at home. The patients have the liberty of two or three rooms, opening freely into a long, lighted hall or corridor, which is locked at both ends. These locks constitute the only restraint that the patients experience. It would take too long to describe the "non-restraint system." But let it be remarked, in passing, that during the four years of Prof. Westphal's superintendence, the strait-jacket has never been applied to a single one of the hundred and fifty insane, of all classes and

conditions, who fill the wards of the Neue Charité; and that the result of this radical reform has been a wonderful increase in the quietness of the wards. Furious patients can be pacified, in almost all cases; and in an extremity, the cell, or chloroform, or chloral, remain as the most potent known soothers of maniacal frenzy. No patient is kept longer than 24 hours in the cell.

Two lectures a week are given on Mental Disease, and one upon Nervous Disease. The wards for patients of the latter class may contain fifty or sixty beds; the cases are extremely instructive, and are exhibited to the class in the same way as the insane cases.

Worthy to stand in the first rank, and to form an object of leading consideration with the student who is looking towards Germany, is Traube, the acute and indefatigable teacher of clinical medicine, less popular than Frerichs, his superior in rank, but possessing altogether a finer and stronger mind than the latter. It is not necessary to describe him at length, but only to say that his name deserves mention near the name of Virchow, in enumerating the attractions of Berlin.

Anatomy may be studied to advantage. The building devoted to this purpose is large, handsome and commodious. The dissecting rooms contain about forty tables, some for whole subjects, some for portions; they are well-lighted and ventilated, and the supply of material is abundant. From these rooms a trap opens up into the lecture hall, which contains about three hundred seats, and is a model of good arrangement. "The parts are given out every Monday. I was there this morning. There were twenty legs with half of the pelvis, for the crural nerves, fifteen or more arms, with half the thorax for the brachial plexus, a dozen half-heads cut perpendicularly for the brains, &c., six children, as many urinary organs, the bladders blown up, ready for distribution, besides other bodies and parts of bodies." Parts are distributed by lot. "Prof. Reichert passes two hours every morning in the dissecting room, going to half a dozen tables and dissecting and explaining to those around him. He lectures every day between 1 and 2. He has also his private rooms, where one or two anatomists work. Besides his course on general anatomy, he gives one on histology. His assistant, Prof. Hartman, lectures on osteology and syndesmology. The whole arrangement deserves much praise."*

* From a note from Dr. Coolidge, to whom and to Dr. Putnam I desire to express my thanks.

Chemistry is very well taught by Hofmann and others. The laboratory is in the Georgen Strasse.

Materia Medica is also well taught, by Liebreich, the discoverer of the virtues of chloral.

In surgery, we find Langenbeck, Bardeleben and others; but there are several large cities where they speak English, in which surgery is better taught than in Berlin or Vienna.

Skin diseases and syphilis are taught here clinically, but there are other places for their study far better.

The lying-in department of the Charité contains two hundred beds. The subject is not especially well taught.

Tobold has a class in laryngoscopy, which is decidedly poor.

The eye is taught by Schweigger, an able man, and Hirschberg. The ear by Lucae.

In electro-therapeutics, the names of Eulenberg and Hitzig are well known, and their lectures (private) are better worth attending than those in Vienna.

In physiology, the names of Du Bois-Reymond, Rosenthal and Munk, require no comment, except to say that they are clear and excellent lecturers.

In all, one hundred and seventeen courses, great and small, are advertised upon medical subjects, not including zoölogy, botany, mineralogy and chemistry.

Last year there were 2113 matriculated students in Berlin, of whom 454 were studying medicine; 456 were foreigners. Besides these, 519 were in the field with the army. The medical students of Berlin are certainly much more prepossessing, both in appearance and manners, than those of Vienna. Indeed, they are as well-looking and gentlemanly a body of men as is often seen.

It is proper to add, that the cost of living in Berlin, though prices have risen since the war, is still much less than in New York. As an instance, a good furnished room costs from eight to twelve thalers a month.

The winter term commences about November 1st (nominally in the middle of October), and lasts till Easter. The summer term lasts till the middle or end of July. Few persons would willingly remain during the month of August.

LOWENSTEIN (*Centralblatt*, 35, Sept. 2d, 1871) shows that the mucous membrane of the vagina is not destitute of lymph-follicles, as is generally asserted in anatomical text-books.—*British Med. Journal.*

IS PHTHISIS CONTAGIOUS?

By C. W. Stevens, M.D., Charlestown.

I was present at the experiments on inoculation of tubercle by Prof. Villemin, of Paris, in 1865–1868. The inoculated rabbits invariably showed, after a variable time, fine neoplasms of tubercle at the spot of inoculation and in the regionary lymphatic glands, and were either killed or died of phthisis. These experiments have rightly raised the question as to the contagiousness of tuberculosis. I have lately observed a case which seems to favor the affirmative.

Mr. R., aged 29, died of phthisis after three years' sickness. The last few months of his life he had a tuberculous diarrhœa. His expectoration was purulent and profuse. He had returned home from abroad only six months before his death. He was nursed chiefly by his young wife, and assisted by his wife's mother. His wife had a fine constitution, a well-developed body, and had always been healthy. Her mother was likewise a very robust woman of middle age, with no hereditary consumptive tendencies. This young wife was incessant in her devotion to her husband—constantly sitting beside him, breathing his breath, bathing his body, and emptying his sputa and excretions. Near the end of his life she was taken with a slight diarrhœa. After his decease she appeared to go into a decline, and died of acute tuberculosis in about six months. About a year afterwards her mother likewise died of consumption.

It can hardly be said that these two victims of womanly courage and devotion went into a tuberculous decline from the fatigue and exhaustion of self-denying vigils; for nurses in long-continued typhoid fevers and other chronic diseases demanding great fatigue do not become tuberculous, but they often fall into a typhoid fever. I would be glad to have my professional brethren relate any experience bearing on this point.

A CASE OF MORBID CONDITION OF THE UMBILICAL CORD.

By J. F. Wakefield, M.D., Everett.

I was called to Mrs. R., multipara, Jan. 11, 1872, directly after Mrs. F., who had just been delivered of a son by breech presentation. Mrs. R.'s child also presented by breech. She told me, upon my arrival, that she had had no "motion" for two or three weeks. After the body was expelled, I found her words verified, the infant was still-born, and in searching for the apparent *cause*, I found the "umbilical cord," in as perfect a knot, midway between the infant and placenta, as one could possibly tie, with a common cord. Apparently it had grown so. Under the coils, it had atrophied to a degree. Upon dividing the cord, there was no exudation whatever; it seemed, and *was* impervious. The infant weighed, perhaps, seven pounds. Its cuticle rolled up, upon passing the finger over it, and was in a decomposing condition. The placenta came readily, with no unusual appearance about it. The woman got up well, with no metritis; and luckily for her, no mammary secretion. The lochia were present, as usual. I write this, for it seems rare to meet with just such a case.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

F. B. Greenough, M.D., Secretary.

Dec. 11th.—*Favus.*—Dr. White reported the case and showed the patient, a girl 11 years old, who had had the disease three or four years. It had covered her head, eyebrows, arms and legs. The source of contagion was not known, but a brother and sister had caught it from her. The crusts had been removed with sweet oil and soap, epilation had been thoroughly done, and then parasiticides had been used.

The only morbid appearance that the patient showed, when exhibited, was a general redness at the site of the disease.

Dr. White demonstrated the microscopic appearance of favus on the blackboard, showing the spores, sporangia, mycelium and micrococcus. The cup-shaped crusts consist almost entirely of spores with some sporangia and very little mycelium.

Many dermatologists, and amongst them Hebra, consider that all the vegetable parasites are identical, and many experiments have been made, by means of inoculation and cultivation, to throw light on this point.

Hallier considers the favus plant to be an aspergillus, other authorities have thought it to be other well-known moulds.

Recent investigators will trace it back to either the aspergillus or penicillium. On the other hand, they have never succeeded in growing it from any mould. Dr. White thought, on the whole, that the plants in the three diseases caused by vegetable

parasites, must be distinct from each other, and not connected with any other moulds. It has been found to be extremely difficult to transplant favus, but it has recently been accomplished, by boring into a hair follicle with a needle, and rubbing the spot with favus matter rubbed up in water. The appearances which result are, however, very different from those of favus as seen on the scalp. A papule first appears on the spot of inoculation, which becomes covered with scales.

Dr. WHITE had inoculated his arm about six weeks previously, and had kept it covered with a piece of plaster. At the spot of inoculation there was a red, scaly patch, about half an inch in diameter, which resembled Herpes tonsurans, and had nothing in its appearance to show it to be favus. The microscopic appearance, however, which was demonstrated to the Society was that of favus.

Dr. J. B. S. JACKSON asked with regard to the contagiousness of this disease.

Dr. WHITE said that others in the family were generally found to be affected, but that it was some times years before it showed itself. Herpes tonsurans, on the other hand, will often give contagion in a few weeks.

Dr. FIFIELD spoke of a case which had been reported in England, where the use of a lotion containing the bichloride of mercury was followed by symptoms of poisoning and death. Recent writers would show that it was much safer to use a strong, than a weak solution.

Dr. WHITE spoke of the impossibility of thoroughly curing favus without epilation. The reason of this fact is made evident by the microscope, as we see that the roots of the hairs are entirely filled with spores, which, as long as the hair remains in the follicle, the parasiticide cannot get at.

DEC. 11th.—*Calculus formed on Bullet.* —Dr. CABOT showed the specimen and reported the case.

F. H. McI., æt. 29 years, was wounded at the battle of Gettysburg, July 2d, 1863, while exposed to a cross-fire, the enemy being in front and on the right flank. Was struck by a bullet which came from right and somewhat to rear, on left side of 2d spine of sacrum; sacrum was fractured and bullet passed into cavity of pelvis. He received no treatment, at his own request, until he returned to his home in Brookline, where two surgeons saw him in consultation with his family physician, three weeks after injury. Probe was then passed from wound in sacrum across pelvis to os pubis; bullet could not be found by Nélaton's probe, or burr drills, but a scale of lead and twenty-three fragments of bone were removed. Six weeks after this operation, an abscess pointed one inch above left horizontal ramus of pubis; incision was made and revealed a sinus which passed down to region of pectineal line and across pelvis to sacrum. Free evacuation of pus being now established, no further treatment was pursued.

Leg became firmly flexed upon thigh, but he recovered the power of extension at the end of ten months sufficiently to walk. Says, however, that for five years he "felt a creaking or grating in his hip when walking about." Had pain in sacral region for six years; has also had pain along track of sciatic nerve from date of injury to present time. Never had pain in anterior portion of pelvis until one year ago. Fragments of bone escaped from both sinuses, which discharged pus for six years; never any urine or fæces. At the end of that time the openings healed, and all symptoms except pain in sciatic nerve disappeared for a year. One year ago, and seven years after receiving the injury, patient began to have pain in penis and bladder on micturition, which occurred more frequently than before. Pain continued to increase and micturition grow so frequent that he was unable to work, ending in a constant dribble. Entered the Massachusetts General Hospital Nov. 24th, 1871. Complained of loss of appetite, restless nights, and constant dribbling of urine; countenance looked careworn and anæmic. On examination with sound before entering, a stone was felt at entrance to bladder. On 25th, patient having been etherized, examination showed the presence of a large stone in bladder, and lithotomy was decided upon. Unilateral incision was made on left side, and stone was removed in fragments, one of which contained the bullet—a minie with ragged edges and smooth surface. The stone was very brittle, and the firm pressure necessary to remove one of its size, and the diminished cohesion due to the hard nucleus, caused its fracture.

Chemical examination of the calculus showed it to be composed principally of phosphate of lime; it also contained some carbonate of lime, the triple phosphates of ammonia and magnesia and uric acid.

Recovered from ether well; had almost no pain, and slept well first night after operation. During next day chicken-broth and beef-tea were well borne. Catheter was passed into bladder through urethra and a

continuous stream of warm water was poured into bladder and out of perineal section for ten minutes; several clots of blood and small fragments of stone were washed out. Catheter was fastened into bladder and connected with a drainage tube, which served to convey water into vessel over side of bed. Wound healed rapidly, so that no urine escaped from it at the end of ten days, when catheter was removed.

General health was excellent from time of operation, the patient increasing in flesh and strength very rapidly. Now complains of nothing but slight difficulty in walking and some pain in sciatic nerve, resulting from original injury to pelvis and sacral plexus. Now, Jan. 13th, reports at visit, having been at home for a week, that he is entirely well.

DEC. 11th.—*Calculi from a Case of Cystic Disease of the Kidney.*—DR. BORLAND showed the specimens and reported the case.

The subject from which these calculi were taken was a patient of Dr. A. H. Crosby, of Concord, N. H., by whom the autopsy was made, and who entrusted to me the specimens, requesting me to exhibit them to this Society.

The patient was a woman, 76 years old; and three months before her death, which occurred on the 4th of November last, she presented herself for treatment for an enlargement in the right hypochondrium, accompanied by œdema of the legs, which pitted on pressure. This enlargement was first felt to the right of the abdomen and above the line of the umbilicus; afterwards falling below the line, so as to occupy the right lumbar and iliac regions. It was hard and unyielding until a fortnight before death, when it became soft and fluctuating. Throughout the case, there was absolutely no pain. The woman took her nourishment up to the last—death presented nothing particularly noticeable, and she seemed to die simply from wearing out.

The autopsy was carefully made forty hours after death, and the only disease found was, on dividing the peritoneum, a sac, resembling in appearance an ovarian cyst, which, filling the right abdomen, adhered to everything, to intestines, spine, mesentery and kidney. A portion lay under the lower and transverse colon. The kidney appeared to be a sort of nucleus to the sac, which was much thicker at the bottom than at the top, and contained no pus, but held two quarts less an ounce of a clear fluid, having a somewhat urinous smell. No ureter could be found on the right side.

About seventy calculi are shown, and are about one-half of all that were found. The largest is about the size of an Italian chestnut, of a rough exterior, and filled what was evidently the pelvis of the kidney. Three others, rather smaller, but externally rough, were found, each in a separate pocket, or small sac, imbedded in the walls of the larger one. The remainder are rounded, polished, brilliant, either of a lead color or of a brownish hue, and spotted with fine white spots. They varied in size, from that of a large bean to a hempseed.

Bibliographical Notices.

WE trust the publishers will pardon the necessity which obliges us to give brief notices of the following books. We have been obliged by the press of matter to defer an earlier mention of them, and are unwilling longer to delay bringing them to the notice of our readers.

Selected Obstetrical and Gynæcological Works of Sir James Y. Simpson, Bart., M.D., D.C.L. &c. Vol. I.—Containing the Substance of his Lectures on Midwifery. Pp. 852. *Vol. II.—Anæsthesia, Hospitalism, Hermaphroditism and a Proposal to Stamp out Smallpox and other Contagious Diseases.* Pp. 562. New York: D. Appleton & Co. 1871 and 1872.

THE works of Prof. Simpson are not unknown to the medical world. The substance of his obstetric observations was collected and issued in 1855–56, by Drs. Priestly and Storer; his clinical lectures on the Diseases of Women were published in the *Medical Times and Gazette* in 1859–61; and various papers, on special subjects, have appeared, from time to time, in the medical publications of the day.

In the present edition of Prof. Simpson's works, the first volume contains the substance of the practical part of his course on midwifery. It is edited by Dr. J. Watt Black, who was, for five years, his assistant, and since that time his constant friend.

The second volume is edited by Sir W. G. Simpson, and contains most of the papers written by his father on the subjects mentioned, even to the last days of his life. The discussion on the discovery of anæsthesia and the correspondence with Dr.

Jacob Bigelow are given in full, together with the various papers written to explain and defend anæsthesia in its earlier days; then follow the series of communications on Hospitalism, recently written, and made familiar to the profession by various references made to them; the carefully elaborated article on Hermaphroditism succeeds; and the volume is closed by a newly-written article on "Smallpox, and the Means to be taken for its Abolition." The volumes thus issued contain the result of the researches, both new and old, of this active worker in the department of obstetric science, and, as an authority on such subjects, will continue to be extensively consulted by members of the profession.

The Principles and Practice of Surgery. By JOHN ASHHURST, M.D., Surgeon to the Episcopal Hospital, Surgeon to the Children's Hospital, &c. Illustrated with 533 Engravings on Wood. Philadelphia: H. C. Lea. 1871. Pp. 1011.

A WELL-ARRANGED and well-written text book, much in the style of Erichsen, Druitt and Fergusson, largely a compilation from the masters of the profession of the present day, but with the principles inculcated and the practice recommended conscientiously considered and reflected upon during a considerable service in hospital and private life.

Fecundity, Fertility, Sterility and allied Topics. By J. MATTHEWS DUNCAN, M.D., L.R.C.S.E., F.R.C.P.E., F.R.S.E., &c. Second Edition, revised and enlarged. New York: Wm. Wood & Co. 1871. Pp. 498.

THIS work is already known to the profession. Its author has again presented it to the public, with slight alterations and numerous additions, and medical men will receive it, as it deserves, as the criterion of very much that is valuable and a compendium of a large amount of statistical information on the subjects of which it treats.

A Clinical Manual of Diseases of the Ear. By LAURENCE TURNBULL, M.D., Physician to the Department of Diseases of the Eye and Ear of Howard Hospital of Philadelphia, &c. Philadelphia: J. B. Lippincott & Co. 1872. Pp. 486.

A SOMEWHAT careful review of this work impresses us with the belief that it is an excellent treatise on diseases of the ear. It embodies the results arrived at by a study of aural diseases for the past seventeen years, during which the author has seen several thousand patients. The book is well written, is sound, clear and eminently practical in all its parts. An excellent bibliographical list closes the work.

Electricity in its Relations to Practical Medicine. By Dr. MORITZ MEYER, Royal Councillor of Health, Berlin. Second American from the Third German Edition. By WM. A. HAMMOND, M.D. New York: D. Appleton & Co. 1872. Pp. 506.

THIS edition of Dr. Meyer's work on electricity differs from that noticed by us two years ago only in a few unimportant particulars. Most of the proof and other errors, noted by us at that time, have been corrected; we regret the occurrence of inelegancies of style and obscurities in the use of the English language, which are a blemish to the book. The Appendix is occupied by what appears to be an advertisement of the "Galvano-Faradic Manufacturing Company" and the display of instruments constructed by them.

Medical Thermometry and Human Temperature. By C. A. WUNDERLICH, Professor of Clinic at the University of Leipzig, &c., and EDWARD SEGUIN, M.D. New York: Wm. Wood & Co. 1871. Pp. 280.

THIS book by Dr. Wunderlich, the standard work on the subject, has been abridged by Dr. Seguin, and is given us in convenient form for ready reference. It embraces the results of long experience and careful observation in the use of the thermometer, an indispensable instrument to so many physicians.

Physiology of the Soul and Instinct, as Distinguished from Materialism, with Supplementary Demonstrations of the Divine Communication of the Narratives of Creation and the Flood. By MARTYN PAINE, A.M., M.D., LL.D., &c. New York: Harper & Bros. 1872. Pp. 707.

THIS work of Dr. Paine is the amplification of a lecture upon the soul and instinctive principle, delivered by him in 1848, in connection with his course of lectures on the institutes of medicine and materia medica; an enlarged edition was issued in 1849, and now it appears in still more extended form, another monument of the industry of this indefatigable writer and student. He devotes his attention, as his title

implies, to the demonstration of the soul and the doctrines in materialism, to the vital and mental forces, spontaneous generation and Darwinism, the relations of creation and the flood to the doctrine of materialism and the progressive development of living beings, &c. The work is voluminous; it contains much of truth, and bears evidence of deep thought and careful study.

The volume has been sent us, as have many of those noticed in this issue of the JOURNAL, from the "Old Corner Bookstore" of Messrs. A. Williams & Co.

Selected Papers.

OBSERVATIONS ON OSTEOLOGY.

PERFORATION OF THE HUMERUS.

DR. CHARLES T. JACKSON, many years since, called attention to the fact that in several Indian skeletons observed by him, the two fossæ at the lower end of the humerus communicated. Similar observations have since been made by Dr. J. B. S. Jackson and others, and specimens showing this peculiarity are preserved in the Warren Anatomical Museum. This condition of the humerus has especial interest, since it is also met with in other races, and also in the apes.

Among the collection of human remains from the ancient mounds of the Western States and of Florida preserved in this museum, there are eighty specimens of the humerus, all unquestionably Indian. Of these, twenty-five, or about 31 per cent., are perforated and the rest are not. This character is rarely met with in the white races, and of fifty-two specimens expressly examined for the purpose, it was present only in two.

In the black races it is present in large numbers, though we know of no exact observations which show its frequency. Of seven skeletons of pure negroes in the Garden of Plants in Paris, just one-half of the fourteen upper arm bones are perforated. In the apes, though quite general, it is not constant, as in two large male gorillas we have found it on one side only, and in an adult female chimpanzee, it was wanting on both sides, and according to Mivart was wanting in one of the skeletons of an orang in the British Museum.

FLATTENING OF THE TIBIA.

Among the peculiarities of the ancient races of the old world the flattened or sabre-shaped tibiæ found in the dolmens of Chamont and Maintenon, the quarternary drift of Clichy, and the burial caves of Cro-Magnon and Gibraltar, have attracted especial attention on account of their marked deviation from what is seen in the modern European races, and also on account of their alleged resemblance to the corresponding bones of the apes. This flattening, however, does not appear to have been universal during the reindeer period in Europe, since there are other instances, as in the caves of Belgium, where the bones in question, of this same age, have the ordinary shape. On the other hand Mr. Busk states that all the tibiæ from the caves of Gibraltar were flattened.

The existence of such flattening among the aborigines of N. America has not, in so far as we have been able to learn, been noticed hitherto, but from materials belonging to the Peabody Museum, there is no doubt that it prevailed largely, but in a variable degree. It is easily recognized in the large series of bones obtained from the mounds of Kentucky by Mr. Lyon, also in those from the mounds and caves of Tennessee by Mr. Dunning, from a mound in Michigan by Mr. Gillman and from mounds in Florida by the writer. Dr. George A. Otis informs me that he has observed a similar flattening in some of the bones from western mounds, belonging to the ethnological series of the Army Medical Museum at Washington. The flattening results, as it were, from the compression of the bone from side to side, so that either the hinder of the three faces makes a more open angle with the inner, or, in addition, is bent upon itself near the middle, thus making the transverse section of the tibia four instead of three sided, and in either case giving it a sharp edge on the hinder as well as the fore part.

Of the tibiæ of forty individuals from the mounds of Kentucky, one-third presented this flattening to the extent that the transverse did not exceed 0.60 of the fore and aft diameter. The most extreme case was from the mound on the River Rouge in Michigan, in which the transverse diameter was only 0.48. In the most marked case mentioned by Broca, *viz.*, in the old man from Cro-Magnon, it was, as deduced from his figures, 0.60.

This flattening of the tibia can hardly be considered a race character, since it is found in only about one-third of all the individuals observed and in these in variable degrees. That in the proportions of the two diameters, as stated by Broca, these tibiæ resemble those of the apes there can be no

doubt, and the resemblance is still more striking in a smaller number of instances in which the bone is bent and is strongly convex forwards, and its angles so rounded as to present the nearly oval section seen in the apes. The anatomist, however, will not fail to recognize the fact that in the relative length of the bone, in the lines corresponding with the muscular attachments, in the direction of the crest and the forms of the articular portions of the bone, the human characteristics are unchanged and that there is therefore no assimilation to the apes in these respects. In some of the tibiæ the amount of flattening surpasses that of the gorilla and chimpanzee, in each of which we found the short 0.67 of the long diameter, while in the tibia from Michigan it was only 0.48.

From a comparison of the skeleton of the human races, as far as made, it is quite clear that in several respects some of them have peculiarities which seem to assimilate them to the apes. These peculiarities are not, however, confined to a single race, but are distributed in different degrees through several, and it is not improbable that future studies will show a still greater variety of resemblances, and a wider distribution of them, than is now known. The increased length of the forearm, as compared with the humerus, is almost equally shared by the blacks and the recent Indians. The Indians, from the mounds of various parts of the country, as well as the inhabitants of the ancient cave dwellings of Europe, have the flattened tibia. The Indians, ancient as well as modern, in common with the Hawaiian Islanders, have the most backward position of the foramen magnum, while the Negro, on the other hand, with his lengthened forearm, has this foramen almost as central as in the white man. The small brain is not, as might at first well be supposed to be the case, found in the most degraded races alone, but in these, in common with a race which had, as already stated, risen to a semi-civilization; nor is it constantly associated with the lengthened forearm, since in the Australians this is even shorter than in the white man. From these results it seems obvious that we cannot give to the alleged resemblances between the human races and the apes their full meaning, until we have much wider comparisons than have as yet been made.—Prof. Wyman's *Report on the Peabody Museum.*

Prof. Liebermeister, of Basle, has been appointed to succeed Niemeyer at Tübingen.

Medical and Surgical Journal.

Boston: Thursday, March 14, 1872.

PRACTICAL QUESTIONS FOR THE YOUNGER MEMBERS OF THE PROFESSION.

Where shall I establish myself in the practice of medicine so that I may benefit my fellow-men, as well as secure for myself a reasonable return for my services? How shall I employ my time while I am "waiting for patients?" What must be my relations toward my fellow-practitioners? What inducement is offered me to lead the quiet, plodding life of an *honest* physician, when I might reap the speedy golden harvest of a charlatan?

A score of fair and honest questions like these come up in the mind of every conscientious young man, as he is on the eve of graduating in medicine; questions which to his mind are insoluble by the *savoir faire* which governs the affairs of the world in general or by the common rules of morality. With his heavy sails—anatomy and physiology, clinical medicine and the others—he is still at a loss how to trim what seem to him the royals or the studding sails, so as best to complete his medical outfit. But to those older than himself, who are fully launched on the voyage of life, and who feel the need of all the strength a true man *can* have, these very points and such as these form the very keel, the ribs and the planks on which to build the foundation of an honest physician's character.

With years enough over our head to give us a certain right to advise, but not enough to remove us from an entire sympathy with the youngest of our profession, we shall gladly consider some of these points in a way which, we hope, will be useful to such young men; which shall lead to good intentions at the outset and to good practice in the course of medical life. Serious considerations they will be, without doubt, but not more serious than life itself; little fitted, it may be thought, to the impulses of young men, and the seeming advantages which a less scrupulous course would seem to offer them, but the steady breeze is more to be

trusted than the whirlwind, and will bring the sailor to a safe harbor in the end.

With this commencement, let us practically consider the choice of a location for practice. We have often felt that young men did not start in the right place or in the right way. A certain fortunate few find a place prepared and awaiting them in the office of a father, a friend or instructor, and nothing remains but to move in and occupy it; but with the mass of young men a place must be created, a patient must be picked up here and there, and only after years of toil will they find themselves in possession of a practice. We start with the proposition that, in selecting a locality for such a practice, our young men do not sufficiently consider their own qualifications to fill it. It is a homely expression that a good shoemaker is often spoiled in making a poor doctor; and it is no less true that we are forced to nod over the prosy sermons of a dominie, when we ought to be kept awake by the ring of his anvil. Now it is equally true that hundreds of excellent medical men are starving, while waiting for practice in large cities, who ought to be back among the hills, fighting disease which exists there as well as in the more populous districts; they ought to carry far and wide, throughout the land, the newest scientific information which the best schools of the day can give; and so help to "elevate the standard," as the popular educational term expresses it.

We say to our young men, *study yourselves well;* consult your inclinations less than your innate qualifications. If you are best fitted for the country by habit, by education, by character, *stay there.* There is enough to do all over the land; our population is fast increasing; cities and towns are rapidly growing all along the great lines of travel, and each hamlet which has its blacksmith and its country store and its gristmill, needs its doctor too. Do not crowd into a city because it has its libraries and its medical societies, but carry your libraries and societies with you, and make your home, wherever it may be, a scientific centre in its way, and you can do your share in raising the professional standard. We can point you to a hundred flourishing places where medical education *needs* elevating; we are confident that each one is in want of a good, *scientific* physician. *We know it, and our waste-basket will prove it.* We do not enjoy the accounts of teaspoonful doses of calomel for membranous croup or of the application of ligatures about limbs to stop arterial hæmorrhage till the member becomes gangrenous. We wish our younger men would go where such barbarisms are enacted, and both preach and practise better doctrines.

All these are plain words; they are not intended as an intimation that the city must be preserved for those already there, but rather to bring together those places which are in need of a new race of scientific practitioners, and the *practitioners* who need the localities in which to practise.

We must defer until another time the consideration of other similar topics which suggest themselves.

Annual Report of the Cambridge Hospital.—In imitation of the larger cities, we are glad to note the establishment of hospitals in our smaller cities, and that the poorer residents of such places will in this manner have systematic and skilful care given them at their very doors. We have received the annual report of the Cambridge Hospital for the years 1870 and 1871. This institution was organized in 1867, through the exertions of a single benevolent lady, and since that time, it has been sustained, mostly, by her individual exertions. The want of a suitable house, the need of friends and similar trials have operated to cripple its beneficent work at times, but, in spite of such drawbacks, the hospital, although once or twice closed for a time, has continued its existence and now has received an act of incorporation, and, we trust, is permanently established. The founder says: "When I opened the hospital, I had not sufficient means to carry me through one year; but I began in the faith that all needful wants would be answered as they came round, and that a good work would not be suffered to fall to the ground; and my faith was justified."

Since the 1st of December, 1869 (the period embraced by the present report), there

have been treated 122 patients, and among those but 4 deaths have taken place. A large number of out-patients have also been cared for. The medical attendance has been rendered by Drs. J. T. G. Nichols and C. E. Vaughan of Cambridge.

This hospital was first opened for the care and treatment of women and children: it is now hoped that sufficient means can be raised to make it a general hospital for both sexes for the city in which it is situated.

EDITORS AND PUBLISHERS.—Contests between persons so closely connected as Editors and Publishers are, to say the least, disagreeable circumstances; but, when such disturbances result in breaking up valuable periodicals, their effects go farther than the office of publication and concern the public interest.

The publication of the *National Medical Journal*, of Washington, and the *Medical World*, of New York, both well conducted journals, has been either temporarily or permanently suspended by the proprietors; and the Editors, Drs. Busey and Lee, of Washington, and Dr. Vance, of New York, summarily ejected from their chairs. In the former case the Editors exercised the right, which was justly their due, and declined to receive an article "in the shape presented." The Editor of the *World* disavows any connection with it in its present form; the matter is before the courts for adjudication. We do not hesitate to say that the ejection of these gentlemen by the proprietors, *as expressed in their circulars*, is *outrageous*, if not libellous.

THE PATHOLOGY OF HYSTERIA, which the name of the disease suggests, has not found general acceptance, and not a few authorities have deprecated a nomenclature so apparently inconsistent with correct notions. In a recent number of the *British Medical Journal*, however, we find that Dr. Tilt, the well-known English gynæcologist, defends the wisdom of the Hippocratic denomination and restores to the uterus its original place in the etiology of hysteria.

After commenting at length on the inconsistency of those who teach that disturbancy of menstruation or other uterine affections are absolutely independent of the state called hysteria, while they yet confess their profound ignorance of all uterine pathology, and after deploring the habit of many well-known pathologists to slight the diseases of women in all their various direct and indirect relations to other pathological conditions, Dr. Tilt says that in his view the disease under consideration requires two factors for its production: 1, A predisposing nervous state; 2, The stimulus of some determining cause. The former depends on some modification of the emotional element which is found most emphatically developed in women, and is only met in such men as approach the feminine type in their nervous organization. This modification of the normal emotional state is intensified by the injudicious training of childhood, at the expense of reason and self-control, and thus hysteria is a disease of the upper classes.

Of the determining causes, aside from those of a general nature, as the debilitating effect of loss of blood, physical or mental shocks, prolonged anxiety and the like, those which originate in the viscera are of most consequence; and the most common condition which, by reacting on the disturbed emotions, will produce the train of symptoms called in general hysteria, is the mildest form of ovarian disease, as, for example, subacute ovaritis, or the lesions belonging to morbid ovulation, and which frequently pass unrecognized under the disguise of diseases of menstruation. Of uterine affections, it is chiefly the milder sort, that are mucous membrane deep, which cause the disease in question; and sometimes by applying nitrate of silver to an ulcerated cervix, we most unwittingly bring on an attack in patients who presented no signs of its being likely to come on, and thus experimentally prove that the two complaints may stand in relation as cause and effect. This reaction or reflex effect appears to depend on the relation between the nervous centres and the viscera through the ganglionic nervous system, and is independent of any blood-poisoning. In many hysterical fits, after a period of incubation, in which the system seems to become more and more

charged with excitement, the attack begins by pain in the womb and ovaries. Soon the hysterical aura passes to the epigastric ganglia, and, concentrating there, gives rise to the suffocation and distress characteristic of the disease. Ascending still higher, the hysterical aura reaches the cervical ganglia, producing the sense of strangulation; it then attacks the brain, deranging its functions in ways too numerous to be mentioned, and, at the same time, deranging the functions of the spinal cord, according to the degree of tension of the hysterical aura.

The author believes that his observations lead to three practical deductions: 1, To be efficient leaders of the profession and lecturers in our public schools, our hospital men should be thoroughly acquainted with the diseases of women. 2, Whenever a patient is hysterical, the state of menstruation should be carefully ascertained, and the sexual organs should be accurately examined, if they present signs of disease. 3, The best way for neurologists to disperse the clouds which still overhang our knowledge of hysteria and its allies, catalepsy and epilepsy, is for them to study the diseases of the ganglionic nervous system.

Croup Treated by Inhalation of Oxygen.—In the *Richmond and Louisville Medical Journal* for January, a case of membranous croup, in a child of 3 years, is reported, in which, after the use of various remedies (including Turpeth mineral, powder of pepsin by insufflation and lactic acid), the inhalation of oxygen gas was resorted to in the latest stage of the disease. The immediate effect was most marked and gratifying, the labored breathing soon becoming almost natural, and the color of the face and lips normal. Sixty gallons of the gas were consumed during one night, being administered when necessity indicated, along with an expectorant mixture and Dover's powder; its use was subsequently continued, at intervals, whenever there was danger of asphyxiation, until respiration became restored to nearly the healthy state, in consequence of the detachment and expectoration of the false membrane. The child fully recovered after fourteen days from the commencement of the attack.

Dr. Francis J. Higginson.—Dr. H., whose death has just been announced, was a son of Stephen Higginson, Esq., who was for many years steward of Harvard College, and was well known and most highly respected in this community. Dr. H. was graduated at Cambridge in 1825, and three years afterwards received his medical degree. For a few years he established himself in this city, but the greater part of his medical life was spent at Brattleboro', Vt., and he enjoyed there a good amount of practice. His health had been failing for some time, and about three years ago he removed to Brookline, where he quietly ended his days at the age of 65 years, some affection of the brain being the disease under which he sank. He married a niece of the late Rev. Dr. Channing, who survives him, with their two daughters.

Dr. Higginson was a man of great purity of character, of cultivated tastes, in his manners a true gentleman of the old school, and highly respected by all who knew him. A scrupulous conscientiousness was one of his prominent characteristics, and the fidelity with which he discharged his professional duties always won for him the gratitude and affection of his patients. He had a most sympathizing heart, and, when he was obliged to relinquish practice, his loss must have been felt by many friends. He had the confidence of those who knew him well, but a modest distrust of himself probably often led him to hesitate, where others, much less qualified than himself, would have given a decided opinion and gained, in proportion, the more credit. With his professional brethren he was on the most friendly terms, and he has passed away without a stain upon the fair character that he always sustained. J.

March 11, 1872.

Spina Bifida.—Dr. v. Brunn, in *Berlin Klin. Wochenschr.*, reports a case of spina bifida in a girl fifteen months old, which resulted in a cure. It was pedunculated, and the base was gently secured by a clamp; about half the liquid contents of the tumor were then drawn off, and the clamp was drawn so as to restore the tension of the tumor. This manœuvre was repeated daily, and on the seventh day the tumor fell off. The canal communicating between the tu-

mor and the spinal canal was not closed, and with each scream of the patient cerebro-spinal fluid escaped. Contrary to expectation, no serious symptoms followed, and after about four weeks the canal was closed, and three and a half months later the cicatrix was so firm that it did not yield during the severest exertion:—*Med. Chir. Rundschau.*

THE ORIGIN OF FIBRIN.—P. Mantegazza (*Centralblatt*, No. 45), for the purpose of deciding some points in dispute in regard to the composition of the blood of the splenic vein, performed several experiments on dogs. In the majority of the experiments the blood of the splenic vein was found to contain more fibrin and fewer corpuscles than that of the jugular vein; but in almost as many instances the proportions of these substances were reversed, or the composition of the blood of the two veins was exactly the same. The spleens of three rabbits were excised; but the operation seemed to have no perceptible influence upon the amount of fibrin in the blood. The injection of a solution of urea into the blood of rabbits and dogs was followed by the disintegration of a large number of blood-corpuscles, and, if the animal survived for some days after the operation, by a marked increase in the amount of fibrin—in one case nineteen parts in a thousand. Lactic acid was also injected into the blood of several animals. Its effects varied according to the amount injected and the concentration of the solution. They were also not the same when it was introduced into the peritoneal cavity as when it was injected into the veins. In the former case, peritonitis and entero-colitis were the local results; and these may prove fatal. In both cases, congestion and inflammation of the lungs, inflammation of the kidneys and hæmaturia, as well as reddening and swelling of the endocardium, were produced. In the case of a dog, symptoms of articular rheumatism, with endocarditis and fever, were observed. Valvular lesions were never noticed. The blood-corpuscles were diminished and the fibrin increased. In the blood of animals poisoned by lactic acid, clear bodies of different sizes, presenting in some cases a diameter of 1mm., were seen. They were semi-transparent, and were composed of fibrin and white blood-corpuscles. It is not improbable that these give rise to embolism, and, consequently, to inflammation of the lungs. Mantegazza has not observed any increase in the amount of fibrin in the blood of animals to which the induced current has been applied or in which convulsions have been induced. The examination of the blood of persons who have died of tetanus has yielded the same result; and while in some cases the blood of parts subjected to violent movements has been found to show an increase of fibrin, in others it has contained less fibrin than the blood of parts at rest.

Mentagazza is of the opinion that the coagulation of the blood and of the coagulable fluids depends upon a condition of irritation of the white blood-corpuscles, which, when in contact with foreign bodies or inflamed tissues, or when removed from their physiological influences, emit a substance which is either fibrin or is the substance from which fibrin is formed. The red blood-corpuscles are not at all necessary to the formation of fibrin. Lymph and inflammatory serous effusions which do not contain them are capable of coagulation; but every coagulable liquid must contain the white blood-corpuscles, and will not coagulate when these are mechanically removed. Sussana attributes the relatively greater amount of fibrin in the arterial blood than in the venous to the fact that just before the venous blood enters the heart it receives from the thoracic duct a large number of colorless blood-corpuscles. In many conditions where an increase in the amount of fibrin is observed (pregnancy, digestion, the blood of the splenic vein), an excess of the white corpuscles may also be detected. And wherever in inflammation the white corpuscles accumulate, there fibrin will also be found.—*Phil. Med. Times.*

THE SUBCUTANEOUS INJECTION OF MORPHIA IN TRAUMATIC ERYSIPELAS.—Prof. Estlander, of Helsingfors, states that he employed this injection originally in his clinical practice, in combination with the so-called abortive treatment (chiefly by means of tincture of iodine), mainly with the view of relieving the heat, tension and pain of the inflamed skin. It was soon found, however, that the morphia must have exerted other effects also, so quickly was the course of the disease mitigated. It was therefore used in a series of cases as the sole local remedy, and the conviction became established that it must have exerted a direct influence on the inflammatory process, diminishing its intensity and arresting its progress. When the limits between the inflamed and healthy portions of the skin are not very clearly defined, and the process manifests itself in the form of large red spots gradually ap-

proaching each other, if we inject near the affected parts we usually find next day that the erysipelas has not extended farther, or has done so only to an insignificant extent. In cases in which the limits of the reddened and swollen skin are well marked, if we make some injections in its vicinity, we may find that the inflammatory process, which during the preceding twenty-four hours had made considerable progress, is sometimes at once arrested, but more frequently it continues in a diminished degree, gradually yielding in the course of a few days to a continuation of the treatment.

In the worst cases of erysipelas ambulans, as in the severe epidemic form, or where a peculiar disposition of the individual prevails, the morphia exerts as little effect as any other of the so-termed abortive remedies. In estimating how far the results depend upon the peculiar nature of the erysipelas itself, and how much they are ascribed to the injections, Prof. Estlander has undertaken many comparative trials, and he could relate many cases in which, while a rapid improvement followed the use of morphia, other cases treated at the same time, either expectantly or by means of other remedies, were much slower in their progress. Still, he is too well aware of the capricious character of erysipelas to venture to deliver any categorical judgment upon the subject. But a five years' experience has convinced him that these injections constitute a better mode of treating erysipelas than many other means.

The dose varies from one-eighth to one-quarter of a grain. As, so far from the erysipelas ever appearing at the small puncture-wounds, these and their immediate vicinity are always represented by it, the dose may be distributed over different parts of the healthy skin, at a distance of one or two inches from the limits of the inflammation. Usually, the injection is made only once in the twenty-four hours. Prof. Estlander has no intention of proposing this as an exclusive method of treating erysipelas, believing, on the contrary, that one of its advantages is that it admits of the simultaneous use of other means. He has tried, indeed, all the various other remedies which have been recommended, and regards the tincture of iodine as the best of these. As soon as from shivering and the appearance of the wound erysipelas seems threatening, he administers an emetic, a means which he believes is nowadays too much neglected, and one which he believes conduces to moderation of the disease. The morphia is next injected, either as the sole means, or in conjunction with a daily painting with iodine, employing afterwards wadding and compression by a roller where practicable. Ipecacuanha with phosphoric or sulphuric acid may afterwards be administered. The sesquichloride of iron, once regarded as a specific, is of no real utility. —*Deutsche Klinik.*

Local Treatment of Anthrax by Strapping.—In a communication to the *British Medical Journal*, Dr. Gloag, of Bristol, makes the following statement :—

I have seen the pressure-treatment of anthrax employed in a large number of severe cases, and with such success that I did not know a death to occur in consequence of that disease during the four years that I attended the hospital. The advantages of the pressure-treatment of anthrax over incision or cauterization are, that it is safer and more rapid; prevents, to a great extent, the destruction of integument; and is more agreeable to the patient. I believe the action of strapping to be twofold: firstly, it acts like the pressure-treatment of orchitis, by emptying and supporting the vessels; and, secondly, by pressing out the peculiar exudation, which closely resembles slough, but which it can hardly be, because it is circumscribed, and quite free from unpleasant smell. This mode of treatment, to be of use, must be fully carried out; the sides of the anthrax must be drawn together by broad strips of sticking-plaster, with all the force that the surgeon can exercise or the plaster will bear. Nothing less is of any utility. The mode of strapping a large anthrax is to cut the plaster in strips about two feet long—one half of each strip being about two inches wide and the other about an inch and a half. These are applied in pairs, by making the broad ends adhere to the skin on opposite sides of the anthrax, in such a manner that, when the narrow ends of the plaster are drawn together, they shall pass over the tumor, the narrow part of one strip of plaster meeting the edge of the broad part of the plaster of the opposite side, thereby giving the appearance as if one strip of plaster three inches and a half wide had been applied. About eight of these strips are to be thus put on, so that they shall present a stellate arrangement, with the centre corresponding to the apex of the tumor. The anthrax will require to be dressed every day; the strips of plaster are to be removed, and the part sponged with warm water, to remove any discharge

that may have exuded from the small openings on its surface; after which, I have found it advantageous to rub the surrounding skin with a little turpentine, to remove any sticky matter that adheres to it from the plaster. The pain which the strapping causes at first is soon succeeded by a feeling of comfort and support. I believe that the growth of an anthrax may be considerably curtailed by early strapping; and I am of opinion that this method of treatment, when the situation of the anthrax will admit it, and if properly carried out, will be found more efficacious than any other.

A New Method of Securing the Vessels of the Pedicle in Ovariotomy.—Dr. J. P. Hayes introduces to the notice of the profession a method, he calls "sub-peritoneal," for securing the vessels of the pedicle after the removal of an ovarian tumor. He is of opinion "it will prove useful, especially where the pedicle is short. The proceeding closely resembles that known as the subcutaneous ligature of nævus, and consists in first compressing the pedicle between the blades of a clamp or long forceps, then passing a needle armed with a stout catgut ligature beneath a good thickness of the serous surface of the pedicle, but superficial to the principal vessels; the needle being withdrawn at the side opposite to the point of entrance, is again passed into the aperture of exit, and pushed between the vessels and peritoneal covering, on the side of the vessels opposite its first passage, until it can be withdrawn through the opening made by its first entrance; then the ends of the catgut ligature are to be strongly tied, and cut off short, so as to prevent the possibility of hæmorrhage from the included vessels, yet, owing to the bulk of unligatured substance superficial to the catgut, there will be no sloughing of the end of the pedicle, its vitality can be maintained, and even adhesions will probably connect it with some adjacent portion of the peritoneal surface, whilst in time the catgut, inclosed by living tissue, may become absorbed. Although bleeding from the chief vessels can be prevented in the manner described, yet it is quite possible that oozing may take place from the divided orifices of small circumferential vessels. In such a case the actual cautery applied to the cut surface will afford ample security against recurrence of bleeding.

"Should the pedicle be sufficiently long to permit of its being secured between the edges of the abdominal wound by means of an electro-gilt transfixing pin, the ends of the catgut (or other) ligature, instead of being cut off short, might be passed through the eye of the needle, and carried parallel to the vessels through the centre of the pedicle, so as to emerge at the cut surface, from which they could be withdrawn after the lapse of seven or eight days."—*Dublin Quart. Jour. Med. Sci.*

Treatment of Gonorrhœa by Water Injections.—Dr. H. F. Patterson, of the Royal Artillery, writes to the *Lancet*, June 24, 1871, substantially as follows:—

"For a considerable time I have been in the habit of treating my cases of this affection with water injections only, and I do not remember a single case of failure where the system was adopted at the commencement of the disease, and employed throughout. I begin with injections of lukewarm water, continued till the chordee and scalding cease, after which cold water is substituted and continued till cure. My instructions are, to use the injections freely once an hour during the day, and as often at night as can be done conveniently. I generally give a little saline mixture internally, as a laxative, but do not consider this essential to the treatment, the principle of which is to keep the mucous membrane clear, and, as much as possible, free from its own unhealthy secretion. Cubebs, copaiba, and the other unpleasant nostrums of gonorrhœa, I have long since ceased to employ. My cases get well in a shorter time than under any treatment I have tried, and are free from unpleasant sequelæ. Epididymitis is very rare; gleet will, I believe, almost never occur, if the treatment be well carried out. Without any statistics at hand, I believe the average duration of treatment is from ten to fourteen days."—*Detroit Review of Medicine and Pharmacy.*

Soda Mint.—The very popular "soda mint," so much employed as an antacid and carminative for over-fed infants and dyspeptics, was originally a favorite prescription of Dr. George Norris, of Philadelphia. His formula was the following: ℞. Sodæ bicarb., ʒss.; spt. ammon. aromat., ʒj.; aquæ menthæ piperi, Oj. M.—Dose: from a dessert-spoonful to a table-spoonful for adults; from half to one teaspoonful for infants.—*Journal of Pharmacy.*

Medical Miscellany.

On Re-vaccination.—The Council of Public Hygiene of Paris, consisting of an eminent quintaine, Beaude, Bouchardat, Michel Levy, Vernois and Delpech, have issued a report on the recent smallpox epidemic. They say the reproaches against vaccination are unjust in every respect. It has, in no respect, lost its power of preservation from smallpox. The only method of putting an end to epidemics of this disease is to effect the greatest possible number of vaccinations. Revaccination practised with the necessary precautions presents no danger whatever. It ought to be effected at ten or fifteen years of age at latest, and repeated every four or five years, as long as it does not produce a regular pustule.—*Phil. Med. and Surg. Reporter.*

A New Test-Paper.—M. Bottger has produced a highly sensitive new test-paper for alkalies. The reagent is a magnificent coloring matter, obtained from the leaves of an exotic plant (*Coleus Verschaffelti*), upon digestion for twenty-four hours, with absolute alcohol, to which a few drops of sulphuric acid has been added. The paper is prepared by the usual process. The color is a splendid red, which passes more or less rapidly into a fine shade of green. It is far more sensitive than either turnsol or tumeric; it is unaffected by carbonic acid, and will indicate the presence of the least traces of the carbonates of the alkaline earths in natural waters. A moistened strip of the paper, when held at the opening of a gas jet, immediately assumes a green color, from the effect of the ammonia.—*Druggists' Circular.*

The Cheapest Medical School.—The Medical College at Keokuk, Iowa, sends out circulars, on the outside of which is printed—"This is the Cheapest Medical School in the Country." So we read in the *Leavenworth Medical Herald.* Such junk-shop advertising is clearly a violation of both the written and the unwritten code of ethics, and places the school that is guilty of it nearly on a level with that infamous concern in Philadelphia which sells diplomas like rat-traps. We hope the other medical schools will repudiate the Keokuk concern, by refusing to acknowledge its diplomas.—*Pacific Med. and Surg. Journal.*

Chloroform and Glycerine.—Dr. W. Murdock, of New York, recommends the following formula as a convenient mode of administering chloroform: Glycerine, six ounces; chloroform, two ounces. This solution is clear, and not unpleasant in taste or odor. One drachm contains seventeen minims of chloroform.—*Atlanta Med. and Surg. Journal.*

Anecdote of Dupuytren.—The large class of recalcitrant patients Dupuytren used to circumvent by means of a bell. When a patient who ought to pay left his consulting room without bestowing the customary *honorarium*, he touched a particular bell, whereupon the porter, before opening the front door, said: "I believe monsieur has forgotten his fee," and thus forced the would-be-dead-head to be honest.—*Phil. Med. and Surg. Reporter.*

The sanitary department of the municipality of Vienna has determined to purchase 100,000 hundredweight of sulphate of iron for disinfecting the latrines and sewers; and to have a short and concise treatise on the necessity of disinfection printed and circulated among all the householders.—*British Med. Jour.*

To Correspondents.—Communications accepted:—Case of Spasm of the Accommodation, with Concentric Limitation of the Fields of Vision—quick Recovery.—Intemperance in Massachusetts.—Case of Bright's Disease.

Pamphlets Received.—Address on laying the Corner-Stone of the College of Physicians and Surgeons of Wilmington, N. C., Dec. 27, 1871, by Noble Young, M.D., Professor in Georgetown Medical College of Washington, D. C. Pp. 20.—Lecture on Water, delivered before the American Institute of the City of New York, in the Academy of Music, Jan. 21, 1871. By C. F. Chandler, Ph.D., New York.

Died,—In Brookline, March 9th, Francis J. Higginson, M.D., aged 65.—In Chelsea, March 8th, James B. Forsyth, M D., aged 62.

Deaths in seventeen Cities and Towns of Massachusetts for the week ending March 9, 1872.

Cities and Towns.	*No. of Deaths.*
Boston	153
Charlestown	12
Worcester	28
Lowell	22
Milford	9
Chelsea	6
Cambridge	22
Salem	15
Lawrence	10
Springfield	6
Lynn	16
Fitchburg	1
Newburyport	6
Somerville	4
Fall River	9
Haverhill	8
Holyoke	2
	329

Prevalent Diseases.	
Consumption	56
Pneumonia	41
Scarlet fever	15
Typhoid Fever	9
Croup and Diphtheria	6
Erysipelas	6
Measles	6

Boston reports three deaths from smallpox.

George Derby, M.D.,
Secretary of State Board of Health.

Deaths in Boston for the week ending Saturday, March 9th, 152. Males, 81; females, 71. Accident, 4—apoplexy, 3—disease of the bowels, 1—bronchitis, 4—inflammation of the brain, 2—congestion of the brain, 2—disease of the brain, 1—burned, 2—cancer, 2—cerebro-spinal meningitis, 1—cholera infantum, 1—consumption, 27—convulsions, 4—cyanosis, 2—diabetes, 1—diarrhœa, 4—dropsy, 1—dropsy of the brain, 2—drowned, 1—diphtheria, 1—epilepsy, 1—erysipelas, 2—exposure to cold, 1—scarlet fever, 3—typhoid fever, 4—gastritis, 1—disease of the heart, 5—hæmorrhage, 1—infantile, 2—intemperance, 1—disease of the kidneys, 1—disease of the liver, 2—congestion of the lungs, 1—inflammation of the lungs, 18—marasmus, 4—measles, 4—old age, 8—paralysis, 6—prematu e birth, 1—peritonitis, 2—puerperal disease, 1—pyæmia, 2—rheumatism, 2—suicide, 1—smallpox, 3—suffocation, 1—syphilis, 2—teething, 1—tumor, 1—unknown, 4.

Under 5 years of age, 56—between 5 and 20 years, 14—between 20 and 40 years, 36—between 40 and 60 years, 12—above 60 years, 34. Born in the United States, 99—Ireland, 33—other places, 20.